

EDITORIALS

Elective Operations and the Death Rate

AT A RECENT MEETING of the American Public Health Association Dr. Milton L. Roemer reportedly noted that there was a significant drop in the death rate in Los Angeles County in early 1976 when many doctors withheld their services to protest rising malpractice insurance premiums. Dr. Roemer is said to have attributed the lower death rate to the sharply reduced amount of elective surgical procedures that occurred during the slowdown. The *Washington Post* then reportedly quoted Dr. Roemer as saying that the lower death rate lends support to "the mounting evidence that people might benefit if less elective surgery were performed in the United States" and that greater restraint in carrying out elective surgical operations might well improve life expectancy. All of this has received considerable publicity.

It is not the intention here to question the data and it is even possible that the interpretation attributed to Dr. Roemer may be correct. But if so, the interpretation (1) assumes that the operations postponed and therefore not done during this period were elective in the sense that they might not need to be done at all and (2) implies that elective operations on the whole do more harm than good. For the first it seems obvious that many necessary, serious and even risky operations or procedures can safely be postponed until conditions are optimal to undertake them. This is often done and seems more than likely to have occurred in many instances during the trying period early in 1976 in Los Angeles when many would have considered conditions for nonemergency operations less than optimal. For the second it would seem reasonable to consider the benefits for which the risks were or would have been taken had these "elective" operations been done. This point does not seem to have been addressed. But again, it seems likely that in many and possibly most of these instances, there would have been benefits which in the opinion of the doctor with the informed consent of the patient would have been worth the risk of operation to the patient.

Coronary bypass and inguinal herniorrhaphy are two surgical procedures which are ordinarily not considered emergencies but neither are they in the same elective category as rhinoplasty for cosmetic purposes, for example. But even in this instance it may be well worth it to the patient. Certainly in the appropriate instances and at the appropriate times it is good medical practice to do these operations and to assume the risks to achieve the benefits for the patients.

It is becoming evident that the costs, risks and benefits of various physician interventions in patient care will be undergoing increasing study and scrutiny. It is most important that when this is done, these risks, benefits and costs be accurately assessed in relationship to one another as each physician intervention is studied.

—MSMW

Physical Child Abuse

THE CURRENT ISSUE of this journal carries a report from the Sacramento Medical Center on the initial findings and short-term outcome of cases of physical child abuse, diagnosed and reported during the calendar year 1975. This is welcome feedback to the medical profession on some of the reports initiated by physicians, a feedback lacking in most communities. During the past 15 years the problem of child abuse has been highlighted both in lay and professional literature. All 50 states have enacted laws requiring physicians and many other professionals to report suspected child abuse. Vice President Mondale, while he was still in the Senate, was instrumental in establishing a National Center for Child Abuse and Neglect responsible for conducting educational and demonstration research programs in the field of child abuse. Each federal district has a regional child abuse project and the state of California now has an Office of Child Abuse Prevention. These are all positive steps and one would expect them to improve the quality of life for abused children and their families, and to avert some abuse in the future. Prevention of child abuse before it occurs is an even more important goal of these programs. However, the true extent to which such improvement has oc-